



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Renee Jutte, Grant manager  
Elizabeth's New Life Center  
2201 N. Main Street  
Dayton, OH 45405

Dear Ms. Jutte:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

|              |          |
|--------------|----------|
| • Montgomery | \$640.00 |
| • Butler     | \$255.00 |
| • Preble     | \$20.60  |
| • Miami      | \$200.00 |
| • Clark      | \$80.00  |
| • Warren     | \$800.34 |
| • Clinton    | \$10.00  |
| • Hamilton   | \$786.60 |
| • Clermont   | \$340.00 |
| • Shelby     | \$120.00 |
| • Auglaize   | \$59.99  |
| • Logan      | \$40.00  |
| • Champaign  | \$40.00  |

The application(s) was not approved for the following county(s) for the following reason(s):

- Greene Other applicant organization located in the county

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$3,392.53 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov). or 614-466-4634

Sincerely,

Lance Himes  
Director of Health



# ELIZABETH'S NEW LIFE CENTER

*When Elizabeth heard Mary's greeting, the babe in her womb leapt for joy. -Luke 1:41*

**Mission:** Empower individuals and families to make Godly life choices.

**Vision:** By the grace of God, we humbly labor in the culture of life.

May 14, 2018

Ohio Department of Health, Choose Life Fund  
Bureau of Maternal, Child, and Family Health  
Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> Floor  
Columbus, OH 43215

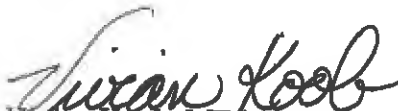
Dear Marius,

Enclosed you will find applications from Elizabeth's New Life Center to the Ohio Department of Health and Choose Life Fund.

There are four different applications for our centers located in Montgomery, Hamilton, Warren, and Shelby counties. Also enclosed are four expenditure tracking forms from the funding we received for the SFY 2017-2018.

If you have any questions regarding our grant applications or expenditure tracking forms, please contact our Grant Manager/Writer, Renee Jutte, at 937-226-7414. Thank you for the support you have provided us in the past. With your help, we are able to promote adoption with our clients, helping them choose life.

Sincerely,

  
Vivian Koob, MEd, MRC  
Executive Director

**BOARD OF DIRECTORS**  
Matthew Nolan, Chairman  
Adam Mathews, Vice-Chairman  
David Hughes, Treasurer  
Debbie Valley, Secretary  
Vivian Koob, MEd, MRC  
Executive Director  
Rob Bedinghaus  
Bob Brinkman  
Daniel Durocher  
Ken Farkas  
Karl Hart  
Ron Maag  
Ed Ponder  
Amanda Riemann

**WOMEN'S CENTERS**  
Women's Center - Dayton  
359 Forest Ave., Suite 105  
Dayton, OH 45405  
Ph: 937.228.2222

Women's Center - East  
4787 Burkhardt Ave., Ste. 201  
Dayton, OH 45403  
Ph: 937.810.7777

Women's Center - Forest Park  
1230 W. Kemper Rd.  
Cincinnati, OH 45240  
Ph: 513.620.8844

Women's Center - Kettering  
1377 E. Stroop Rd., Ste. 301  
Kettering, OH 45429  
Ph: 937.643.4673

Women's Center - Lebanon  
777 Columbus Ave., Suite 14-A  
Lebanon, OH 45036  
Ph: 513.934.1777

Women's Center - Sharonville  
11262 Reading Rd.  
Sharonville, OH 45241  
Ph: 513-563-6100

Women's Center - Sidney  
2579 Michigan St.  
Sidney, OH 45365  
Ph: 937.498.4425

**ADMINISTRATIVE OFFICE**  
2201 N. Main St.  
Dayton, OH 45405  
Ph: 937.228.7414  
Fc: 937.228.1682  
[www.ElizabethNewLife.org](http://www.ElizabethNewLife.org)

**YOUTH DEVELOPMENT**  
2201 N. Main St.  
Dayton, OH 45405  
Ph: 937.276.WAIT (9248)  
Fc: 937.276.1682

**MARRIAGE WORKS! OHIO**  
2201 N. Main St.  
Dayton, OH 45405  
Ph: 937.262.7010  
Fc: 937.262-7198  
[www.TrustMarriage.com](http://www.TrustMarriage.com)

**HOLY FAMILY PRENATAL CARE, LLC**  
359 Forest Ave., Suite 202  
Dayton, OH 45405  
Ph: 937.228.4492  
Fc: 937-228-4495  
[www.HolyFamilyPrenatalCare.org](http://www.HolyFamilyPrenatalCare.org)

Elizabeth's New Life Center is a 501(c)3 non-profit organization.  
Donations are tax deductible in accordance with the law.

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline. **I. ODH and Organization Information.**

|  |   |
|--|---|
| <b>Organization</b>  | Elizabeth's New Life Center                                 |
| <b>OAKS Supplier Number &amp; Address Code</b>   | OAKS Number 0000077742, Address Code 1                      |
| <b>Federal Tax ID Number</b>   | [REDACTED]  |
| <b>Street Address</b>  | 2201 N. Main Street   |
| <b>City, State Zip code</b>  | Dayton, OH 45405  |
| <b>County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)</b> | Montgomery  |
| <b>Address where ODH should Direct Payment</b>   | 2201 N. Main Street   |
| <b>Counties of Service</b><br><i>This location serves women from the following counties:</i>   | Montgomery, Butler, Preble, Darke, Miami, Clark, and Greene |
| <b>Name of Person and Title completing application</b>   | Renee Jutte, Grant Manager/Writer                           |
| <b>Area Code/Phone Number</b>  | 937-226-7414 ext. 325                                       |
| <b>Email</b>   | rjutte@elizabethnewlife.org                                 |

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

**IV. For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**V. For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/14/18

Date

Renee Jutte

Signature of Person Completing Application

RENEE JUTTE, Grant Manager / Writer  
[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor Columbus,  
OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614.466.4634.

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2017 through May 31, 2018**  
**Due June 1, 2018**

|                        |                             |  |                          |
|------------------------|-----------------------------|--|--------------------------|
| <b>Agency Name</b>     | Elizabeth's New Life Center |  | <b>Montgomery County</b> |
| <b>Tax ID #</b>        |                             |  |                          |
| <b>Contact Name</b>    | Renée June                  |  |                          |
| <b>Contact Phone #</b> | 937-226-7414                |  |                          |

| Quarters  | Total Expenditures<br>6/1/17 Thru 5/31/18 | 1st Quarter<br>6/1/17 Thru 8/30/17 | 2nd Quarter<br>9/1/17 Thru 11/30/17 | 3rd Quarter<br>12/1/17 Thru 2/28/18 | 4th Quarter<br>3/1/18 Thru 5/31/18 |
|---|---|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <b>Carryover SFY 16 Amount</b>  |   |                                    |                                     |                                     |                                    |
| <b>Award Amount</b>   | \$ 3,506.00                               |                                    |                                     |                                     |                                    |
| <b>Material Needs of Pregnant Women at 60%</b>  | \$ 2,103.60                               |                                    |                                     |                                     |                                    |
| <b>Clothing Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Housing Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Medical Care Costs</b>   | \$0.00                                    | \$0.00                             |                                     |                                     |                                    |
| <b>Food Costs</b>   | \$2,103.60                                | \$2,103.60                         |                                     |                                     |                                    |
| <b>Utilities Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Transportation Costs</b>   | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Other Costs (Explain)</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Material Costs</b>   | \$2,103.60                                | \$2,103.60                         | \$0.00                              | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Direct Costs at 40%</b>  | \$ 1,402.40                               |                                    |                                     |                                     |                                    |
| <b>Counseling Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Training Costs</b>   | \$1,402.40                                | \$1,402.40                         |                                     |                                     |                                    |
| <b>Advertising Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Direct Costs</b>   | \$1,402.40                                | \$1,402.40                         | \$0.00                              | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Total Award Minus Materials and Direct Costs</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)</b> | \$ 350.60                                 |                                    |                                     |                                     |                                    |
| <b>Refund Due ODH (June 1, 2018)</b>  | \$ -                                      |                                    |                                     |                                     |                                    |

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline. **I. ODH and Organization Information.**

|  |   |
|--|---|
| <b>Organization</b>  | Women's Center-Forest Park, Women's Center-Sharonville                                    |
| <b>OAKS Supplier Number &amp; Address Code</b>   | OAKS Number 0000077742; Address Code 1  |
| <b>Federal Tax ID Number</b>   |   |
| <b>Street Address</b>  | 1230 W. Kemper Road (Forest Park Center)<br>11262 Reading Road (Sharonville Center)       |
| <b>City, State Zip code</b>  | Cincinnati, OH, 45240 (Forest Park Center)<br>Sharonville, OH, 45241 (Sharonville Center) |
| <b>County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)</b> | Hamilton County   |
| <b>Address where ODH should Direct Payment</b>   | 2201 N. Main Street<br>Dayton, OH 45405   |
| <b>Counties of Service</b><br><i>This location serves women from the following counties:</i>   | Hamilton, Clermont  |
| <b>Name of Person and Title completing application</b>   | Ranee Jutte, Grant Manager/Writer   |
| <b>Area Code/Phone Number</b>  | 937-226-7414  |
| <b>Email</b>   | rjutte@elizabethnewlife.org   |

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;

- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

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  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,



- B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

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- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/14/18

*Renee Jutte*

Date

Signature of Person Completing Application

RENEE JUTTE, Grant Manager/Writer  
[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund

Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor Columbus,  
OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614.466.4634.

**Choose Life Fund Expenditure Form (\$FY18)**  
**Report Period: June 1, 2017 through May 31, 2018**  
**Due June 1, 2018**

|                        |                            |  |                 |  |
|------------------------|----------------------------|--|-----------------|--|
| <b>Agency Name</b>     | Women's Center-Sharonville |  | Hamilton County |  |
| <b>Tax ID #</b>        | [REDACTED]                 |  |                 |  |
| <b>Contact Name</b>    | Renee Juffe                |  |                 |  |
| <b>Contact Phone #</b> | 937-226-7414               |  |                 |  |

| Quarters  | Total Expenditures<br>6/1/17 Thru 5/31/18 | 1st Quarter<br>6/1/17 Thru 8/30/17 | 2nd Quarter<br>9/1/17 Thru 11/30/17 | 3rd Quarter<br>12/1/17 Thru 2/28/18 | 4th Quarter<br>3/1/18 Thru 5/31/18 |
|---|---|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <b>Carryover SFY 16 Amount</b>  |   |                                    |                                     |                                     |                                    |
| <b>Award Amount</b>   | \$ 5,160.00                               |                                    |                                     |                                     |                                    |
| <b>Material Needs of Pregnant Women at 60%</b>  | \$ 3,096.00                               |                                    |                                     |                                     |                                    |
| <b>Clothing Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Housing Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Medical Care Costs</b>   | \$0.00                                    | \$0.00                             |                                     |                                     |                                    |
| <b>Food Costs</b>   | \$3,096.00                                | \$3,096.00                         |                                     |                                     |                                    |
| <b>Utilities Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Transportation Costs</b>   | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Other Costs (Explained)</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Material Costs</b>   | \$3,096.00                                | \$3,096.00                         | \$0.00                              | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Direct Costs at 40%</b>  | \$ 2,064.00                               |                                    |                                     |                                     |                                    |
| <b>Counseling Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Training Costs</b>   | \$2,064.00                                | \$1,305.00                         | \$759.00                            |                                     |                                    |
| <b>Advertising Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Direct Costs</b>   | \$2,064.00                                | \$1,305.00                         | \$759.00                            | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Total Award Minus Materials and Direct Costs</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)</b> | \$ 516.00                                 |                                    |                                     |                                     |                                    |
| <b>Refund Due ODDH (June 1, 2018)</b>   | \$ -                                      |                                    |                                     |                                     |                                    |

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline. **I. ODH and Organization Information.**

|  |  |
|--|--|
| <b>Organization</b>  | Women's Center-Sidney                  |
| <b>OAKS Supplier Number &amp; Address Code</b>   | OAKS Number 0000077742, Address Code 1 |
| <b>Federal Tax ID Number</b>   | [REDACTED]                             |
| <b>Street Address</b>  | 2579 Michigan Street                   |
| <b>City, State Zip code</b>  | Sidney, OH 45365                       |
| <b>County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)</b> | Shelby County                          |
| <b>Address where ODH should Direct Payment</b>   | 2201 N. Main Street                    |
| <b>Counties of Service</b><br><i>This location serves women from the following counties:</i>   | Shelby, Auglaize, Logan, and Champaign |
| <b>Name of Person and Title completing application</b>   | Renee Jutte, Grant Manager/Writer      |
| <b>Area Code/Phone Number</b>  | 937-226-7414                           |
| <b>Email</b>   | rjutte@elizabethnewlife.org            |

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. **Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. **For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**V. For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/14/18

Renee Jutte

Date

Signature of Person Completing Application

RENEE JUTTE, Grant Manager / Writer  
[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor Columbus,  
OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614.466.4634.

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2017 through May 31, 2018**  
**Due June 1, 2018**

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>Agency Name</b>  | Women's Center-Sidney                             |  |   |   | Shelby County                              |
| <b>Tax ID #</b>   |   |  |   |   |  |
| <b>Contact Name</b>   | Renee Juffe                                       |  |   |   |  |
| <b>Contact Phone #</b>  | 937-226-7414                                      |  |   |   |  |
| <hr/>   |   |  |   |   |  |
| <b>Quarters</b>   | <b>Total Expenditures<br/>6/1/17 Thru 5/31/18</b> | <b>1st Quarter<br/>6/1/17 Thru 8/30/17</b> | <b>2nd Quarter<br/>9/1/17 Thru 11/30/17</b> | <b>3rd Quarter<br/>12/1/17 Thru 2/28/18</b> | <b>4th Quarter<br/>3/1/18 Thru 5/31/18</b> |
| <b>Carryover SFY 16 Amount</b>  |   |  |   |   |  |
| <b>Award Amount</b>   | \$ 1,540.00                                       |  |   |   |  |
| <b>Material Needs of Pregnant<br/>Women at 60%</b>  | \$ 924.00   |  |   |   |  |
| <b>Clothing Costs</b>   |   |  |   |   |  |
| <b>Housing Costs</b>  |   | \$0.00                                     |   |   |  |
| <b>Medical Care Costs</b>   |   | \$0.00                                     |   |   |  |
| <b>Food Costs</b>   |   | \$924.00                                   |   |   |  |
| <b>Utilities Costs</b>  |   | \$0.00                                     |   |   |  |
| <b>Transportation Costs</b>   |   | \$0.00                                     |   |   |  |
| <b>Other Costs (Explain)</b>  |   | \$0.00                                     |   |   |  |
| <b>Total Material Costs</b>   | \$924.00  | \$924.00                                   | \$0.00                                      | \$0.00                                      | \$0.00                                     |
| <b>+/- Award Amount</b>   | \$ -  |  |   |   |  |
| <b>Direct Costs at 40%</b>  | \$ 616.00   |  |   |   |  |
| <b>Counseling Costs</b>   |   |  |   |   |  |
| <b>Training Costs</b>   |   | \$616.00                                   |   |   |  |
| <b>Advertising Costs</b>  |   | \$0.00                                     |   |   |  |
| <b>Total Direct Costs</b>   | \$616.00  | \$616.00                                   | \$0.00                                      | \$0.00                                      | \$0.00                                     |
| <b>+/- Award Amount</b>   | \$ -  |  |   |   |  |
| <b>Total Award Minus<br/>Materials and Direct Costs</b>   | \$ -  |  |   |   |  |
| <b>Award Amount @ 10% (if<br/>less than 10% of total award.<br/>The amount must be carried<br/>forward until depleted.)</b> | \$ 154.00   |  |   |   |  |
| <b>Refund Due ODH (June 1, 2018)</b>  | \$ -  |  |   |   |  |

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline. **I. ODH and Organization Information.**

|  |  |
|--|--|
| <b>Organization</b>  | Women's Center-Lebanon                 |
| <b>OAKS Supplier Number &amp; Address Code</b>   | OAKS Number 0000077742, Address Code 1 |
| <b>Federal Tax ID Number</b>   | [REDACTED]                             |
| <b>Street Address</b>  | 736 Columbus Avenue, Suite A           |
| <b>City, State Zip code</b>  | Lebanon, OH 45036                      |
| <b>County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)</b> | Warren                                 |
| <b>Address where ODH should Direct Payment</b>   | 2201 N. Main Street                    |
| <b>Counties of Service</b><br><i>This location serves women from the following counties:</i>   | Warren, Clinton                        |
| <b>Name of Person and Title completing application</b>   | Renee Jutte, Grant Manager/Writer      |
| <b>Area Code/Phone Number</b>  | 937-228-7414                           |
| <b>Email</b>   | rjutte@elizabethnewlife.org            |

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.



**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

**IV. For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).



Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**V. For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/14/18

Date

Renee Jutte

Signature of Person Completing Application

RENEE JUTTE, Grant Manager/Writer  
[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund

Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor Columbus,  
OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614.466.4634.

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2017 through May 31, 2018**  
**Due June 1, 2018**

|                        |                        |  |                      |
|------------------------|------------------------|--|----------------------|
| <b>Agency Name</b>     | Women's Center-Lebanon |  | <b>Warren County</b> |
| <b>Tax ID #</b>        |                        |  |                      |
| <b>Contact Name</b>    | Renee Jutte            |  |                      |
| <b>Contact Phone #</b> | 937-226-7414           |  |                      |

| Quarters  | Total Expenditures<br>6/1/17 thru 5/31/18 | 1st Quarter<br>6/1/17 thru 8/30/17 | 2nd Quarter<br>9/1/17 thru 11/30/17 | 3rd Quarter<br>12/1/17 thru 2/28/18 | 4th Quarter<br>3/1/18 thru 5/31/18 |
|---|---|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <b>Calverton SFY 16 Amount</b>  |   |                                    |                                     |                                     |                                    |
| <b>Award Amount</b>   | \$ 1,863.00                               |                                    |                                     |                                     |                                    |
| <b>Material Needs of Pregnant Women at 60%</b>  | \$ 1,117.80                               |                                    |                                     |                                     |                                    |
| <b>Clothing Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Housing Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Medical Care Costs</b>   | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Food Costs</b>   | \$1,117.80                                | \$0.00                             |                                     |                                     |                                    |
| <b>Utilities Costs</b>  | \$0.00                                    | \$1,000.00                         | \$117.80                            |                                     |                                    |
| <b>Transportation Costs</b>   | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Other Costs (Explain)</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Material Costs</b>   | \$1,117.80                                | \$1,000.00                         | \$117.80                            | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Direct Costs at 40%</b>  | \$ 745.20                                 |                                    |                                     |                                     |                                    |
| <b>Counseling Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Training Costs</b>   | \$745.20                                  | \$745.20                           |                                     |                                     |                                    |
| <b>Advertising Costs</b>  | \$0.00                                    |                                    |                                     |                                     |                                    |
| <b>Total Direct Costs</b>   | \$745.20                                  | \$745.20                           | \$0.00                              | \$0.00                              | \$0.00                             |
| <b>+/- Award Amount</b>   | \$ -                                      |                                    |                                     |                                     |                                    |
| <b>Total Award Minus Materials and Direct Costs</b>   |   |                                    |                                     |                                     |                                    |
| <b>Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)</b> | \$ 186.30                                 |                                    |                                     |                                     |                                    |
| <b>Refund Due ODH (June 1, 2018)</b>  | \$ -                                      |                                    |                                     |                                     |                                    |